## For Instructions, See Back of Form

## C

ONTRIBUTIONS MONEY TAKEN IN		MONETARY RECEIPTS
(Including candidate's personal funds)  COMMITTEE NAME (Must be same as on Statement of Organization)  () TITENS TO ELECT JERRY NOLIN		CK THIS BOX IF NDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

			SUB-TOTAL	59458	I I
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#	-			
	CK#				
	ID#				
	CK#				
-	ID#	120001	10." 12		
10-3-03	CK#	ALTOONA, IA	SAME	94.53	
	ID#	GERAID NOIN	1212-1		
7-30-63	CK#	GERALD NOLLN S.W.	SAME PERSON SAME	500,00	
	ID#	GERALD NOLING	COME		
RECEIVED (MM/D0/YR)	(if applicable) AND PAC CHECK NUMBER		(if applicable)	KECEIVED	RAISER INCOME
DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-

TOTAL (if last page of this schedule,

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
	CK THIS BOX IF		

COMMITTEE NAME	(Must be san	ne as on Statement	of Organization)	/
CITIZEN	IS TO	ELECT	JERRY	NOLIN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-1-03		HERALD, S.E. 100 8TH ST. S.E. ALTOONA, IA	AD	\$164.70
10-2-03 10-3-03	ID# CK#	ABC SIGNS 3069 99TH ST URBANDALE, IA	SIGNS	286.20
10-3-03	ID# CK#	EAST FOLK PRINT 367 ISTAVE SI ALTOONA, IA	FLYERS	143,63
	ID# CK#			

SUB-TOTAL
TOTAL (if last page of this schedule)

\$594.59 \$594.59

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

	1			í	
Page		of	and the state and		

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset Form	FORM DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization),	SLIN	(Rev. 07/2003) REPORT
CITIENS TO ELECT VERY THE		For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:		Comm. #
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	Candidate	Scanned
(8) Support Slate of Candidates		Computer
CANDIDATE COMMITTEES ONLY:		Audited
Candidate Name JERRY NOLIN Political Party NA		
Office Sought  ALTOUNA CITY COUNCIL  NA	ate or House) (	CT 3 0 2003
Herald Molin 515-	967-271	13 11-1-03
SIGNATURE OF TREASURER (or person filing this report)  TELE	PHONE	DATE SIGNED
Late filed reports are subject to possible c	ivil and crimin	nal penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING	G SENTENCE:	
I AM FILING A //-/-03 REPORT FOR	R AN/A (1) ELECT	ION /(2)NON-ELECTION YEAR.
(report date)		
Indicate one // // // / 2	Loc	al Committees, enter Date of Election
CHECK IF AMENDMENT TO REPORT DATED 10-11-03	_	10-21-03
	(==	
Check if this is final (termination) report and attach Notice of Dissolution Fol (You must continue to file reports until a Notice of Dissolution is filed.)	rm DR-3.	ch Election is held POLK
STATEMENT OF CASH O	N HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of a by the committee. This amount MUST be the same as the cash on he of the last reporting period, or must be zero if this is first report filed.)	and at the end	s — <del> </del>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see	in-kind below)	-D-
Schedule F: Loans Received total (Attach Schedule F)		0
Schedule H: Total Sales of Campaign Property (Attach Schedule H).	***************************************	-0-
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ ——
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts	s and loans below	)
Schedule F: Loan Repayments total (Attach Schedule F)		-0
CASH ON HAND at the end of this reporting period (if final report, balance must	st	<u> </u>
be zero) (Attach DR-3)		\$
"UNPAID BILLS (From Schedule D - Attach Schedule D)		s ———
*IN KIND CONTRIBUTIONS (From Schedule E · Attach Schedule E)		<b>A</b> -
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		LYES X NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)		